



California Association of Hospitals & Health Systems  
 Volunteer Services Department  
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**Presenter Reimbursement Expense Form**

Please refer to the CAHHS Presenter Reimbursement Policy for allowable expenditures.  
 Disbursements of individual amounts in excess of \$10.00 should be supported by attached original detailed receipts.  
 Please attach all credit card charge slips in support of total charge. Airfare will be reimbursed at coach rates and auto travel will be reimbursed at the current established IRS mileage rate (\$0.545) at the time of travel.  
 This completed form and accompanying receipts are due to CAHHS within 30 days after the conference.  
 Please print or type.

Name: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Payable To: (if not same as above) \_\_\_\_\_

Address: \_\_\_\_\_

ITEMS OF EXPENSE	DESCRIPTION	TOTAL
Airfare <small>(Proof of flight, such as copy of boarding pass, baggage claim ticket, etc. is required)</small>		
Automobile Mileage <small>(Copy of driving directions/internet map indicating mileage is required)</small>	X current IRS rate (\$0.545)/mile	
Hotel Name/Location		
Meals		
Parking/Tolls		
Taxi/Car Rental/Other		
Total		

Meeting/Function: \_\_\_\_\_

(For staff use only)  
 Account #:  
 \_\_\_\_\_

Contact Name: \_\_\_\_\_

Signed \_\_\_\_\_

Staff Approval \_\_\_\_\_